

DA2073 – Vehicle Glass Repair/Replacement Loss Notice INSTRUCTIONS

Available on ORM Website: http://doa.louisiana.gov/orm/pdf/da_2073.pdf

Purpose:

- Used to report glass replacement for state owned, state leased or state rented vehicles.

Preparation:

- Form must be typed or completed in blue or black ink. Pencil entries are not acceptable.
- **All entries must be clearly and legibly written or typed.**
- Form must be reviewed and signed by supervisor or other designated individual.

Instructions:

1. **AGENCY NAME:** Put the name of your Office/Division/Section – i.e. DCFS Iberville Parish CW; DCFS Lafayette CSE; DCFS MFD Information Services
2. **ADDRESS:** Complete office address (street, city, state and zip code)
3. **CONTACT PERSON'S NAME:** Name of person in office that will handle claim information
4. **PHONE Number:** Telephone number of contact person that will handle claim information
5. **DATE OF BREAKAGE:** Date of breakage
6. **TIME:** Time of day, check off am or pm
7. **REPORTED TO:** ORM or Name of Leasing or Rental Company
8. **LOC. CODE:** ORM Location Code – specific code assigned to State Office, Regions and DDS
9. **CHECK ONE:** Check State Vehicle or Other (state leased/state rental)
10. **STATE VEHICLE DRIVER'S NAME:** Name of state employee driving the state owned, state leased, state rented or personal vehicle
11. **COMPLETE IF DIFFERENT FROM AGENCY NAME – VEHICLE OWNER'S NAME:** Complete this section for state leased or state rented vehicles.
12. **ADDRESS:** Complete office address of leasing or rental company (street, city, state and zip code)
13. **WORK PHONE:** Telephone number of leasing or rental company
14. **HOME PHONE:** N/A
15. **LOCATION OF VEHICLE:** Location where vehicle can be seen, if different from above.

VEHICLE INFORMATION

1. **YEAR:** Year of state owned, state leased or state rented vehicle
2. **MAKE:** Make of state owned, state leased or state rented vehicle
3. **MODEL:** Model of state owned, state leased or state rented vehicle
4. **BODY STYLE:** Body style of state owned, state leased or state rented (i.e. sedan, van, SUV, truck)
5. **LICENSE Number/EQUIPMENT NUMBER:** License number of state owned, state leased or state rented vehicle. For state owned vehicle, also enter Equipment number (entire eleven [11] digit state property tag number - i.e. 17500-012345)
6. **VIN:** Enter the entire seventeen (17) digit VIN
7. **DID BREAKAGE OCCUR DUE TO ACCIDENT:** Check Yes or No
8. **MOTOR VEHICLE ACCIDENT REPORT ATTACHED:** Check Yes or No
9. **GLASS DAMAGED, REPLACEMENT OR REPAIR:** Check appropriate box
10. **DESCRIBE HOW BREAKAGE OCCURRED:** Enter description of how breakage occurred. Include street or highway locations, or location of parked vehicle.
11. **DAMAGED AREA INSPECTED BY:** Enter name of vendor.
12. **PHONE NUMBER:** Enter phone number of vendor
13. **DATE:** Enter date inspected by vendor
14. **IF GLASS BREAKAGE WAS A WINDSHIELD, CHOOSE THE TYPE OF DAMAGE AND INDICATE LOCATION ON THE DIAGRAM**
15. **COMMENTS:** Optional, for additional comments
16. **SIGNATURE OF AGENCY REPRESENTATIVE:** Signature of person completing report, supervisor, Safety Coordinator or other designated individual
17. **DATE:** Date signed

Disposition:

- Scan a copy to the appropriate Office Safety Coordinator for review, no later than twenty-four (24) hours after the breakage occurs or is discovered.
- Office Safety Coordinator or designee must scan to DCFS Safety Officer, with a copy to the Support Services Unit Manager, no later than twenty-four (24) hours after the breakage occurs or is discovered.
- DCFS Safety Officer must scan a copy to the Office of Risk Management, with a copy of the cover email to the reporting office, no later than forty-eight (48) hours after the breakage occurs or is discovered.
- Retain a copy in reporting office file.
- For state owned vehicles, attach a copy to the monthly vehicle log (MV3/MV4/Checklist)

Retention:

- Retain the form per [DCFS Policy 6-02 Retention of Departmental Records](#)